JAN 2 4 2005 A Complete and and

## **TART B - FEE(S) TRANSMITTAL**

Complete and sidd this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting appropriate. All further correspondence including the Patent, a indicated unless corrected below or directed otherwise in Block	the ISSUE FEE and PUBLICATION I	FBE (if required). Blocks 1 throw	ugh 5 should be completed other
appropriate. All further correspondence including the Patent.	dvance orders and notification of mainte	mance feet will be mailed to the	on a semble sometheasters therein
indicated unless corrected below or directed athorwise in Bloc	k ) wy (a) specifying a new correspond	ence address; and/or (b) indication	
maintenance fee notifications.	er year, (a) cheerrand as meas corresponds	ruce andress' suntot (b) findicated	В в асрамис "чем чтоткиз?". 101
BIGHINANDERA TAR IIRITTEGUALIA			

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

20350

7590

12/22/2004

TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 Note: A certificate of mailing can only be used for domestic mailings of the Fee(3) Transmittel. This certificate cannot be used for my other accompanying papers. Bach additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Malling or Transmission

I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUB FHE address above, or being fassimile transmitted to the USPTO (703) 245-4000, on the date indicated below.

	-4 h-1- if (
KWONEH BALL	(Depositor's name
When the	(Signatura
JAny pris 24. 2005	(Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/816,380	03/31/2004	Dale B. Schenk	15270J-004736US	9386

TITLE OF INVENTION: PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISHASE

APPLN. TYPE	SMALL ENTITY	issur fer	PUBLICATION FEE	TOTAL FEE(S) DUB	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/22/2005
EXA	MINER	ART UNIT	CLASS-SUBCLASS	7	,
SCHEINE	r, laurie a	1648	424-185100	•	•
FR 1.363),  Change of correspon Address form PTO/SB/  "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required, ASSIGNEE NAME AN	ation (or "Fee Address" Indies or more recent) attached. Use D RESIDENCE DATA TO B	Correspondence (1) the or age (2) the tion form a Customer 2 registrated. B PRINTED ON THE PAT	printing on the patent front page, I c names of up to 3 registered patents OR, altamatively, ename of a single firm (having as ered attorney or agent) and the nar stated patent attorneys or agents. It no name will be printed.  ENT (print or type) appear on the patent, If an assignate for filing an assignment.	at attorneys and and an emper a nes of up to pro name is 3	send and Townse Crew LLP  document has been filed for
(A) NAME OF ASSIGN Neuralab Lin	NEE	(B) RESID	ENCE: (CITY and STATE OF CO Bermuda 1 02 FC	<del>(2005, 0</del> WONDAF2 00000 :1501	0060 201430 108163 DA DA
	te assignee category or catego	ries (will not be printed on t	the patent) : 🔲 Individual 🕱 🤇	appration or other private g	roup entity Governmen
The following flee(s) and Issue Fee Publication Fee (No Advance Order - # 6	small entity discount permitte	4) Payn	nt of Fee(s):  seck in the amount of the fee(s) is entered by credit card. Form FTO-203:  Director is hereby authorized by a Account Number 20-14-30	S is attached.	r credit any overpayment, to copy of this form),
	s (from status indicated above SMALL ENTITY status, See 2		pplicant is no longer claiming SMA		CFR 1.27(g)(2),
		- D 4 D- 1-11 41 4	idean Araba and Indiana	ha na l 4 lames A., 4., 4.,	4 11 4 4 4
	) is requested to apply the Issu Publication Foo (if required) w sords of the United States Pate	e Fee and Publication Fee ( ill not be accepted from an nt and Trademark Office.	if any) or to re-apply any previous yone other than the applicant, a reg	istared attorney or agent; or i	suon idemined above. The assignee or other party it

This collection of information is required by 37 CFR 1.311. The information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 17 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, proparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the smount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Parent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE